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(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/987,264 | 11/14/2001 | Takehiro Ikeda | 216062US2 | 6839 |

TITLE OF INVENTION: RETRANSMISSION CONTROL METHOD AND THE APPARATUS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 \$1370 | \$300 | \$1630- \$1670 | 12/27/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| QUINONES, ISMAEL C | 2686 | 455-403000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 OBLON, SPIVAK,
 2 McCLELLAND, MAIER
 3 & NEUSTADT, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

11/18/2004 NNGUYEN2 00000163 09987264

(A) NAME OF ASSIGNEE

NTT DoCoMo, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, JAPAN

01 FC:1501

1370.00 OP

02 FC:1504 300.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

Joseph Scafetta, Jr.

Date Nov. 17, 2004

Reg. No. 26,803

Registration No.

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